**TOUR APPROVAL FORMAT**

Employee Code :

Name of Employee :

Department :

Duration of Visit : From…………………………….to………………………………

Purpose of Visit :

Accompanied by : Students (In case accompanied by students, the list of students

is to be attached separately) /To Attend Conference/To Conduct Ph.D. Viva Voce/Project Work/Participation in other University event/any other (specify)

Contact Tel. No. of the Place to be Visited:

Own Contact Tel. No. :

Transport : University Bus/Flight/Train

Funded by :

Any Special Logistic Requirement: Packed Meals, Mineral Water etc.

**Recommended by : HOD Registrar/Director/Dean (A & R)**

**Approved by Vice Chancellor**